DOCUMENT RESUME

ED 296 216 CG 020 906

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TITLE Staff-Resident Perceptual Differences in Long-Term Care Settings.
PUB DATE 21 Nov 87
NOTE 20p.; Paper presented at the Annual Scientific Meeting of the Gerontological Society (40th, Washington, DC, November 18-22, 1987).
PUB TYPE Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Employee Attitudes; *Institutional Environment; *Institutionalized Persons; Institutional Personnel; *Nursing Homes; *Older Adults; *Perception; Physical Environment; Research Needs; Social Environment; Work Environment
IDENTIFIERS *Incongruence (Psychology)

ABSTRACT

Staff and residents of settings for the aged often hold substantially different views of their shared environment, and the literature suggests that these perceptual discrepancies transcend such factors as degree of institutional totality, quality of care, and differences in personal characteristics among staff and residents. Despite the pervasiveness of staff-resident perceptual discrepancies, there has been virtually no effort toward understanding either their theoretical or applied significance. From a review of the literature on staff-resident perceptual discrepancies in long-term care settings several conclusions emerge. First, it appears evident that status as either staff or resident is more predictive of environmental perceptions than are other relevant personal characteristics, except for, perhaps, age of residents. Secondly, staff-resident perceptual discrepancies appear to become more pronounced as one shifts from concrete dimensions, such as the physical or organizational characteristics of environments, to more abstract dimensions such as emotionality or degree of resident control. There is also a dearth of information regarding the consequences and behavioral correlates of staff-resident perceptual discrepancies. Finally, the bulk of the research in this area has been descriptive and atheoretical in nature. Further understanding of the implications of this perceptual incongruence will be restricted until adequate theoretical models are developed. (ABL)

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Staff-Resident Perceptual Differences in Long-Term Care Settings

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Paper presented at the 40th Annual Scientific Meeting of the Gerontological Society of America, November 21, 1987, Washington, D.C.

Staff-Resident Perceptual Differences in Long-term Care Settings

Staff and residents of settings for the aged often hold substantially different views of their shared environment, and the literature suggests that these perceptual discrepancies transcend such factors as degree of institutional totality, quality of care, and differences in personal characteristics among staff and residents. Yet, despite the pervasiveness of staff-resident perceptual discrepancies, there has been virtually no effort toward understanding either their theoretical or applied significance. The purpose of this paper is to review and synthesize studies in which staff-resident perceptual discrepancies have been reported regarding three realms within geriatric residential settings: the psychosocial milieu, the physical environment, and the everyday activities of residents.

Discrepant Perceptions of the Psychosocial Milieu

Literature Review

Observational and empirical studies, alike, have suggested that staff and residents perceive differently the psychosocial milieu of geriatric settings. Bennett (1963), after five years of participant observation in a nursing home, concluded that the meaning of institutional life differs between staff and residents who comprise "two mutually exclusive and differentially ranked systems" (p. 119). Gubrium (1975) likewise observed that the social worlds of these groups are disimilar, and concluded that "each world provides its participants with a way of looking at and understanding daily life..." (p. 37).

Not provided by these participant observational studies, however, was more precise information regarding such questions as: What specific staff-resident perceptual discrepancies exist in geriatric settings?, Of what magnitude are these discrepancies?, Are these discrepancies related to the personal characteristics of staff and residents?, and Do perceptual discrepancies occur differentially in various types of geriatric settings? Fortunately, the findings of studies in which the perceptions of staff and residents were more systematically measured and compared offer some answers.

Kahana and Coe (1969), for example, compared the self-conceptualizations of individual residents to how both professional and non-professional staff viewed these same residents. Whereas residents were found to present well-differentiated self-conceptualizations, that were based on both present and past social roles, staff tended to view residents in a depersonalized manner and from the perspective of their work roles. Thus, while the perceptions of staff were influenced primarily by their current work orientation, those of residents were shaped jointly by their present and past lives.

In a subsequent study, Pincus and Wood (1970) became the first investigators to study environmental perceptions multidimensionally by creating the Home for the Aged Description Questionnaire (HDQ); a scale which measures five distinct dimensions of the psychosocial milieu. When they compared HDQ scores for the staff and residents of a single nursing home, staff were found to perceive the environment as providing more freedom and resources than did residents, and also to view the institution as being less isolated from the community. On the other hand, there were no significant staff-resident differences regarding the remaining

dimensions of privacy and personalization. Noteworthy, is that a comparison between skilled and unskilled staff revealed that, for the most part, how staff perceive the environment was unrelated to status.

In a another multidimensional study, Nehrke and Associates (1981) administered the Environmental Perception, Preference, and Importance Scale (EPPIS) to staff and male residents of a single V A domiciliary. Found by these investigators were significant staff-resident perceptual differences on eight of 15 dimensions tapped by the EPPIS. Compared to staff, residents perceived the environment to be more private, be more homogeneous, provide more social stimulation, contain fewer physical barriers to mobility or interaction, encourage religious behaviors, and contain residents who were judged to be less aloof. Residents also perceived the staff to be less tolerant of restlessness and to be less respectful.

Although the combined findings of Pincus and Wood (1970) and Nehrke et al. (1981) clearly reveal that staff-resident perceptual discrepancies exist across many dimensions, these investigators did not address the generalizability of perceptual discrepancies across different types of geriatric settings.

A partial answer to the issue of generalizability, however, can be gleaned from the work of Rudolf Moos and Associates (Lemke & Moos, 1987; Moos, Gauvain, Lemke, Max, & Mehren, 1979), who developed the Sheltered Care Environment Scale (SCES), which measures the perceived psychosocial climate along seven dimensions (see Chart 1). Recently, Lemke and Moos (1987) presented SCES normative data on samples of staff and residents from 244 geriatric facilities, that included subsamples from nursing homes, residential care facilties, and apartments. Data were also reported for samples of veterans' facilities including nursing homes and domiciliaries.

Insert Chart 1 about here

Although these normative data seem ideal for examining the generalizability of staff-resident perceptual discrepancies, Lemke and Moos (1987) did not specifically pursue this objective. Nonetheless, they concluded that

> the extent of resident-staff agreement ... varies from one facility to another, and [that] these two groups of respondents may have quite different perspectives. It is thus useful to obtain the views of both groups and to consider the extent of agreement between them as an additional source of information about the facility (1987, p. 26).

In agreement with these comments, the present authors excerpted and descriptively compared average resident and staff SCES scores as they were reported by Lemke and Moos (1987) for each category of geriatric settings. The results of our descriptive analysis are summarized in Table 1, where it is evident that staff, regardless of settings, perceived much more Conflict, Self-Exploration, and Resident Influence than did residents. Staff also tended to perceive slightly more Cohesion and Independence. No staff-resident perceptual differences emerged for Organization, and the data regarding Physical Comfort will be discussed below. Noteworthy, is that this unique configuration of staff-resident differences transcends all settings and, thus, appears to be independent of institutional totality.

Insert Table 1 about here

It is also interesting to note that Lemke and Moos (1987) found individual perceptions among residents and staff be highly correlated with average group perceptions of that setting and, thus, relatively independent of individual characteristics such as gender, education, length of stay, and activity level among residents; as well as as gender, age, status, and level of care responsibility among staff. Thus, Lemke and Moos (1987) concluded that "for both staff members and residents, the single best predictor of an individual's SCES scores is the groups perception" (p. 28).

In another study involving the SCES, Smith, Whitbourne, Tobin, and Bonnacci (unpublished manuscript) compared average scores for residents, professional staff and non-professional staff from two quite different geriatric ICFs: One was run by the county and contained mostly lower social class residents, whereas the other was a private voluntary facility that contained mostly upper-middle class residents. Consistent with Lemke and Moos' (1987) contention that staff perceptions are independent of status, no significant differences were found between the professional and non-professional staff in either facility. Also in line with the overall findings of Lemke and Moos (1987), staff in both ICFs were found to perceive significantly more Conflict, Self-Exploration, and Resident Influence than residents. (See Table 1). Significant staff-resident differences were also found in both ICFs for Physical Comfort (see below for a discussion of this finding). No significant staff-resident differences were found for the remaining dimensions of Cohesion, Independence, and Organization.

A parenthetical note of interest concerning the Smith et al. study involves the comparison of SCES scores obtained from residents within the county-run ICF who were from living units that contained either all men,

all women, or both genders together. Found was that neither gender per se, nor gender composition of the residential unit, was associated with residents' perceptions. The overall findings, therefore, supported Lemke and Moos' (1987) claim that perceptions of the pschosocial climate are, largely, independent of personal characteristics of residents and staff.

Discussion

In summary, the combined results of the studies reviewed in this section clearly demonstrate that staff and residents perceive aspects of their psychosocial milieu differently. In particular, staff-resident perceptual incongruities regarding both the emotionality and environmental influence of residents are pervasive enough to transcend degree of institutional totality, as well, as individual characteristics of residents and staff. Some important questions are raised by this ubiquity.

Staff-resident perceptual discrepancies regarding affectivity. Why do residents almost universally perceive themselves as expressing less emotionality than do staff? One possibility is based on the postulation of a normative age-related decrease in introspection upon feelings, that occurs among the very old as their basic psychological processes become simplified in order to maintain a sense of personal identity (Gorney, 1968; Liberman & Tobin, 1983). According to this theory, although older residents may demonstrate affective behaviors that are readily observed by staff, residents' self-awareness of their own affectivity is likely to be blunted by the decreased introspection that accompanies their advanced age.

This interpretation is consistent with the findings of O'Donnell, Collins, and Schuler (1978) who, using a scale from which the SCES was later devised, compared perceptions of older residents, younger residents, and staff from the same floor of a large SNF. Found was that younger

residents and staff, alike, perceived higher expressions of anger and other negative feelings within the environment than did the older residents. These findings suggest that staff-resident perceptual discrepancies regarding residents' emotionality are influenced by residents' age. Although this seemingly contradicts Lemke and Moos' (1987) claim that individual characteristics are not highly predictive of environmental perceptions, it should be noted that Lemke and Moos (1987) did not specify residents' age as a correlate.

Also contributing to the finding that older, but not younger, residents perceive less emotionality than staff are possible cohort and educational effects. For example, the present cohort of older persons is less likely than younger adults to view events from a psychological perspective due to rearing practices that emphasized such traits as stoicism and personal fortitude (see, for example, Gatz et al., 1980). It is unsurprising, therefore, that older residents have been found by researchers to respond negatively to such questions as "Do residents complain a lot?", or "Are personal problems openly talked about?". Social norms among residents, that prohibit the expression of criticism and conflict (see, for example, Bennett, 1963), may similarly encourage negative responses to such items.

Staff-resident perceptual discrepancies regarding resident influence. Another question that must be addressed is: Why do staff from all types of geriatric settings perceive residents' to possess more influence and control than do residents? Irving Goffman (1961) stated that residents of institutions are "supervised by personnel whose chief activity is not guidance...but rather surveillance - a seeing to it that everyone does what he has been told is clearly required of him..." (p. 7).

It is noteworthy, then, that scales which have proven sensitive to staff-resident perceptual discrepancies in the area of resident influence typically contain items relating to the use of rules and discipline by staff. Moreover, Bennett (1963) observed that "professional staff members are loathe to admit to the use of any techniques of discipline at all" (p. 122). Consequently, while staff tend to view themselves as users of treatment (e.g., assigning a resident to a new area as a "time out") rather than discipline when confronting deviant behaviors, residents are more likely to perceive these methods as being disiplinary and, in turn, view themselves as having less freedom and influence than do staff.

From an applied perspective, it thus seems necessary to educate staff regarding how their attempts to maintain an orderly environment are experienced by residents. Even benevolent or necessary behaviors, like inserting a catheter, may be construed by residents as a form of punishment or control if not dealt with sensitively by staff.

Discrepant Perceptions of the Physical Environment

Although staff-resident perceptual discrepancies regarding the psychosocial milieu have been found to cut across all types of geriatric settings, those regarding the physical environment appear to be related to degree of institutional totality. This is suggested by the combined findings (presented in Table 1) of Lemke and Moos (1987) and Smith et al. (unpublished manuscript) regarding the Physical Comfort subscale of the SCES.

As for the SCES normative data, it was only within the nursing home subsample that staff-resident perceptual differences were found for this dimension, with residents perceiving considerably more comfort than staff. Additionally, because Lemke and Moos' (1987) subsample of nursing homes contained several ICFs, it is unsurprising that Smith et al. obtained

similar results within their sample of ICFs. These combined findings raise the question as to whether discrepant staff-resident perceptions of the physical environment occur only in settings of high institutional totality.

It may be that, when perceiving the physical comfort of their living space, ICF and nursing home residents are prone to use defenses like denial or cognitive dissonance (Carp, 1975) because their home is a medical institution with nursing stations, group showers, and so forth. In contrast, staff, who merely work in these settings and have the "real comforts of home", are capable of greater objectivity and, consequently, produce less sanguine evaluations of the physical environment. In other settings like apartments, that are more truly homelike in nature, staff-resident perceptions of the physical environment are congruent.

A major implication of these findings is that global measures of the perceived physical environment, such as the SCES Physical Comfort subscale, may be inappropriate for use in highly institutional settings. Rather than asking staff and residents how they perceive the overall physical environment, it may be more meaningful to ask about the attributes of residents' individual spaces or rooms. In doing so, both groups would share a common focus of attention on the one aspect of the physical environment that is most salient to frail residents whose living space is severely restricted to their own room.

A more detailed and specific approach to measuring the perceived physical environment is demonstrated by the EPPIS, which produces scores along 21 distinct environmental dimensions. Using the EPPIS, Nehrke et. al (1981) found male residents of a VA domiciliary, in contrast to staff, to perceive the environment as cooler, brighter, quieter, more spacious, more

attractive, more pleasant smelling, large enough to provide adequate living space, and light enough for reading. Residents were also found to perceive buildings as being more alike than staff. Thus, scales such as EPPIS that assess the perceived physical environment on specific and concrete terms are more likely to reveal meaningful staff-resident percerptual differences than global measures like the SCES.

Discrepant Perceptions of Everyday Activities

A final aspect of life in geriatric settings for which staff-resident perceptual discrepancies have been observed concerns the everyday activities of residents. Despite the obvious importance of this line of investigation, only two studies, both of which focused upon male residents, were identifiable in a review of the literature.

In one study, Morganti, Nehrke, and Hulicka (1980) compared staff's perception of how the average resident would respond regarding the personal importance and level of choice associated with 37 daily activities to self-ratings of these activities by elderly male residents of a VA domiciliary. These 37 activities had to do with such basic issues as "What hobbies to have", "With whom to spend free time", "What time to go to bed", and "How much personal privacy is available". Found was that staff perceived these activities to be more important to the average resident than did the residents themselves, clearly suggesting the potential for staff to misperceive what is or is not important to residents regarding the fundamental aspects of their everyday life.

In a subsequent study, Smith and Olson (1984) compared the perceptions of staff from all service departments as well as the elderly male residents of ICF regarding the recreational activities of male residents. Although considerable congruence was observed between these groups with respect to their reports of residents' specific leisure

interests, discrepant staff-resident perceptions were found with respect to broader issues related to recreational programming within the facility.

In response to the question "How important do you feel that it is to have separate recreational activities planned for men only?", 68% of staff attributed considerable importance to this kind of programming. In contrast, an identical percentage of male residents regarded such programming to be of no more than average importance. Also found was that staff and residents perceived differently the times when activity programs are best offered to residents. Whereas, staff emphasized scheduling activities in the afternoon, including weekends, residents prefered the scheduling of activities equally throughout the day (i.e.,morning, afternoon, and evening), and primarily on weekdays. It may be concluded that staff preferred afternoon scheduling over other times because this would be least disruptive to their caregiving duties that tended to cluster during morning and evening hours.

The combined findings of these studies imply the danger in relying on staffs' notions of what is and is not important to residents when developing programs and policies. Additionally, it is noteworthy that in both studies predominantly female staff were asked to respond as a "typical" male resident, suggesting the need for further study of how personal characteristics like gender, ethnic-racial background, and social class might influence staff-resident perceptual discrepancies regarding daily activities.

Overall Conclusions

From this review of the literature on staff-resident perceptual discrepancies in long-term care settings several conclusions emerge. First, it appears quite evident that status as either staff or resident is

more predictive of environmental perceptions than other relevant personal characteristics, except, perhaps, for age of residents. Yet, instruments designed to measure environmental perceptions focus mainly on issues that affect the lives of residents and overlook the fact that geriatric residences represent a work environment for staff. Would we expect, for example, to find any less perceptual incongruence if we were to reverse the research situation by comparing staff and resident response to such questions as "Can staff get much work done around here?", "Do staff members sometimes criticize or make fun of this place?", "Are staff controlled by rules and regulations?", or "Are some of the staffs' activities really challenging?"

Needed, then, are studies in which both staff and residents of geriatric settings report environmental perceptions, but each group from its unique perspective so as to complement rather than contradict. Indeed, Timko and Rodin (1985), after reviewing the literature on interactions between elderly patients and their carers, stated that they could find no studies that directly assessed how patients view staff.

A second conclusion is that staff-resident perceptual discrepancies appear to become more pronounced as one shifts from concrete dimensions, such as the physical or organizational characteristics of environments, to more abstract dimensions such as emotionality or degree of resident control. Perhaps, then, perceptions of the latter sort are better construed as projective meaures of the needs or personality processes of respondents,' rather than as mirrors of the objective or real environment. It is, thus, interesting to note that Lemke and Moos (1987) indicated that there have been no studies examining the relationship between personality traits and the perceived psychosocial environment of geriatric settings.

It may also be concluded from the present review of the literature that there is a dearth of information regarding the consequences and behavioral correlates of staff-resident perceptual discrepancies. For example, although it has been speculated that staff-resident perceptual discrepancies may be indicative of underlying tension or hostility between these groups (Moos et al., 1979), there has no test of this hypothesis. Also untested has been whether such differences may affect the development, implementation, and evaluation of intervention programs.

Finally, it must be noted that the bulk of research in this area has been descriptive and atheoretical in nature. Despite the initial attempt made in the present paper to provide some logical explanations for the diverse kinds of staff-resident perceptual discrepancies that have been reported in the literature, further understanding of the implications of this perceptual incongruence will be restricted until adequate theoretical models are developed to guide future research.

Chart 1

Sheltered Care Environment Scale: Subscale Definitions and Sample Items

Subscale	Definition	Sample Item
Relationship Dimensions		
Cohesion	Helpfulness and support demonstrated by staff toward residents as well as by residents toward each other.	Do staff members spend a lot of time with residents?
Conflict	The extent to which residents express anger and are critical of each other and of the facility.	Are there a lot of angry discussions among the residents?
Personal Growth Dimensions		
Independence	The extent to which residents are encoraged to excercise responsibility and self-sufficiency.	Do residents sometimes take charge of activities?
Self-exploration	The extent to which residents are encouraged to express and openly discuss their feelings and concerns.	Do residents talk a lot about their fears?
System Maintenance and System Change Dimensions		
Organization	How important organization and order is in the facility; Clarity of rules and procedures; Awareness of daily routines.	Is this place very well organized?
Resident Influence	The extent to which residents have a say in the rules and policies of the facility, and the extent to which residents are restricted by regulations.	Do staff allow residents to break minor rules?
Physical Comfort	The extent to which comfort, privacy, sensory satisfaction, and physical amenities are present.	Is the furniture here comfortable and homey?

Table 1

Average staff SCES scores compared to those of residents.

Scale	SCES Normative Data[a]					Smith et al. study	
	NHs	RCFs	APTs	VA NHs	VA DOMs	County ICF	Voluntary ICF
Cohesion	High	High	High	=	High	=	=
Conflict	Very High	Very High	Very High	Very High	Very High	Very High	Very High
Independence	High	High	High	=	High	=	=
Self-Exploration	Very High	Very High	Very High	Very High	High	Very High	Very High
Organization	=	=	=	High	=	=	=
Resident Influence	Very High	Very High	Very High	Very High	High	Very High	Very High
Physical Comfort	Low	=	=	Very Low	=	Very Low	Very low

[a] From Lemke and Moos, 1987

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